

Driver Record Screening Request

1. Agencies wishing to screen **fewer than 10** driver records should submit a roster in the following format:

**State Budget and Control Board
General Services Division
Office of State Fleet Management
140 Stoneridge Drive, Suite 650
Columbia, SC 29210-8257**

This agency wishes to have the Motor Vehicle Record of the following employees screened (attach original pages as necessary):

Driver's License No.

Name

Date of Birth

[illegible]

Requestor's Signature

Signature: _____ Date: _____

Agency _____

Position	Telephone
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2. Agencies wishing to screen **100 or more driver records** should submit driver data in **electronic form**, such as on a floppy disk, ZIP disk, CD, or magnetic tape. Specifications for electronic submission can be obtained from the *State Fleet Safety Officer* at the address shown above.